

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____		Artist <u>Peter V. Moak</u>	
		FIRST NAME	LAST NAME
Address <u>2699 Scarborough Rd</u>		<u>Cleveland Heights 6</u>	<u>Cuyahoga</u>
NO	STREET	CITY	ZONE
		COUNTY	
		Tel. <u>YE 2 5218</u>	

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Peter V Moak
SIGNATURE